



# Town of Monson, Massachusetts Police Department

110 Main Street, P.O. Box 273, Monson, MA 01057

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## REQUEST FOR PUBLIC RECORDS

### *Requester Contact Information*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ CELL # \_\_\_\_\_

Email: \_\_\_\_\_

### *Requested Report Information*

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Involved Person(s): \_\_\_\_\_

Type of Report Requested (Circle ONE)

ACCIDENT / ARREST / INCIDENT / CALL LOG

Report # \_\_\_\_\_

*In accordance with Massachusetts General Law Chapter 66 Section 10, certain fees may apply.*

Delivery Method: PICK UP ONLY

### OFFICIAL USE ONLY

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approved in its entirety

\_\_\_\_ Approved but redacted

\_\_\_\_ Request Denied

Reason for Denial: \_\_\_\_\_